REPORT ON THE COST REPORT REVIEW

PROVID	, CA ER NUMBER:	LIFORNIA	
FIS	CAL PERIOD E	ENDED	

Audits Section - Sacramento Financial Audits Branch Audits and Investigations Department of Health Services

Section Chief: Evie Correa
Audit Supervisor: _____
Auditor: ____

California Department of Health Services DIANA M. BONTÁ, R.N., Dr. P.H.

Director

State of California—Health and Human Services Agency Department of Health Services



GRAY DAVIS
Governor

Administrator	
PROVIDER:PROVIDER NO.	
FISCAL PERIOD ENDED	
We have examined the Provider's Medi-Cal cost report for the above-referenced to period. Our examination was made under the authority of Section 14170 of the Wand Institutions Code and, accordingly, included such tests of the accounting recording such other auditing procedures as we considered necessary in the circumsta	Velfare ords

, except that we did not review the [Specific Audit Program]. Our examination of the [Specific Audit Program (Hospital-Rural Health Clinics or FQHC only)] Medi-Cal Supplemental Worksheets/Schedules was limited to a review of the Medi-Cal Paid Claims Summary Report.

, except that we did not review the [Specific Audit Program]. Our examination of the
[Specific Audit Program] was limited to a review of the Medi-Cal Paid Claims Summary
Report.

, except that we did not review the [Specific Audit Progra	m]. Our examination of the
[Specific Audit Program] was limited to a review of	

In our opinion, the audited settlement for the fiscal period due the [State/Provider] in the amount of \$_____ presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

In our opinion, the audited combined settlement for the fiscal period due the [State/Provider] in the amount of \$______, and the audited costs presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.



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In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This Audit Report includes the:

- 1. Summary of Findings
- 2. Computation of Audited Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
- 3. Computation of Audited Medi-Cal Cost (CONTRACT Schedules)
- 4. Computation of Audited Distinct Part Nursing Facility Per Diem (DPNF Schedules)
- 5. Computation of Audited Subacute Per Diem (SUBACUTE Schedules)
- 6. Computation of Audited FQHC Settlement (FQHC Schedules)
- 7. Computation of Audited 95-210 Settlement (95-210 Schedules)
- 8. Computation of Audited County Medical Services Program Settlement (CMSP Schedules)
- 9. Audited Allocation of Home Office Cost
- 10. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the Provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the Provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Future Distinct Part Nursing Facility prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Rate Development Branch.

Administrator Page 3

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814. This written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to the Assistant Chief Counsel, Appeals and Suspension Section, Office of Legal Services, Department of Health Services, 714/744 P Street, Room 1216, P.O. Box 942732, Sacramento, CA 94234-7320. The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and Title 22, California Code of Regulations, Section 51016, et seq.

If you have further questions regarding this report, you may call the Audits Section-Sacramento at (916) 322-2823.

Evie Correa, Chief Audits Section-Sacramento Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name: O'CONNOR HOSPITAL

		SETTLEMENT	COST
1.	Medi-Cal Noncontract Settlement (SCHEDULE 1)		
	Provider No. ZZR00153F		
	Reported Amount Due Provider (State)	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
2.	(SCHEDULE 1-1		
	Provider No.		
	Reported Amount Due Provider (State)	\$ 0	
	Net Change	\$ 0	
	Net Change	0	
	Audited Amount Due Provider (State)	\$ 0	
3.	(SCHEDULE 1-2		
	Provider No.		
	Reported Amount Due Provider (State)	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (Ct-t-)	s o	
4.	Audited Amount Due Provider (State) Medi-Cal Contract Cost (CONTRACT SCH 1)	\$ 0	
7.	Provider No. HSC00153F		
	Reported Cost		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (Ct-t-)		
5.	Audited Amount Due Provider (State) Distinct Part Nursing Facility (DPNF SCH 1)	\$ 0	
.	Provider No.		
	Reported Cost Per Day		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
6.	Audited Amount Due Provider (State) Distinct Part Nursing Facility (DPNF SCH 1-1)	Ť	
•	Provider No.		
	Reported Cost Per Day		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
7	Subacute (SUBACUTE SCH 1)	Ť	
	Provider No.		
	Reported Cost Per Day		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	<u> </u>
		T	

8	Total Medi-Cal Settlement		
	Due Provider (State) - (Lines 1 through 7)	\$ 0	111
9	Total Medi-Cal Cost	\$	0

SUMMARY OF FINDINGS

Provider Name: O'CONNOR HOSPITAL

Fiscal Period Ended:

JUNE 30, 2001

		SETTLEMENT	COST
10	Subacute (SUBACUTE SCH 1-1)		
	Provider No.		
	Reported Cost Per Day		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Addition book for buy		v 0.00
	Audited Amount Due Provider (State)	\$ 0	
11	Rural Health Clinics (RHC SCH 1)		
	Provider No.		
	Reported Amount Due Provider (State)	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12	Rural Health Clinics (RHC 95-210 SCH 1)		
	Provider No.		
	Reported Amount Due Provider (State)	\$ 0	
	Net Change	\$ 0	
13	Audited Amount Due Provider (State) Rural Health Clinics (RHC 95-210 SCH 1-1)	\$ 0	
13	Provider No.		
	Reported Amount Due Provider (State)	\$ 0	
	heported Amount Due Provider (State)		
	Net Change	\$ 0	
	Not onango	,	
	Audited Amount Due Provider (State)	\$ 0	
14	County Medical Services Prog. (CMSP SCH 1)		
	Provider No.		
	Reported Amount Due Provider (CMSP)	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (CMSP)	\$ 0	
15	Transitional (TC SCH 1)		
	Provider No.		
	Reported Cost Per Day		\$ 0.00
	N - 9		
	Net Change		\$ 0.00
	A 15 10 + B B		
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
	Audited Amount Due Provider (State)	1 4 0	
16	Total Other Settlement		
	Due Provider - (Lines 10 through 15)	\$ 0	
17	Total Combined Audited Settlement Due		
	Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ 0	

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name: O'CONNOR HOSPITAL

Fiscal Period Ended: JUNE 30, 2001

			REPORTED		AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$_	0	\$_	0
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$_	0	\$_	0
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$_		\$_	N/A
4.		\$		\$_	0
5.	Subtotal (Sum of Lines 1 through 4)	\$_	0	\$	0
6.		\$_		\$	0
7.		\$_		\$_	0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u></u>	0	=	0
			(To Summa	ry c	of Findings)
9.	Medi-Cal Overpayments (Adj)	\$		\$_	0
10.	Medi-Cal Credit Balances (Adj)	\$		\$_	0
11.		\$_		\$_	0
12.		\$_		\$_	0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$_	0	\$	0
			(To Summa	rv c	of Findinas)

COMPUTATION OF LESSER OF MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES

Fiscal Period Ended:

(To Contract Sch 1)

Provider Name:

O'CONNOR HOSPITAL		JUNE	30, 2001		
	vider No: C00153F				
		REF	PORTED	A	UDITED
REA	ASONABLE COST OF MEDI-CAL INPATIENT SERVICES				
1.	Cost of Covered Services (Contract Sch 3)	\$	0 \$	\$	0
СН	ARGES FOR MEDI-CAL INPATIENT SERVICES				
2.	Inpatient Routine Service Charges (Adj)	\$		\$	0
3.	Inpatient Ancillary Service Charges (Adj)	\$		\$	0
4.	Total Charges - Medi-Cal Inpatient Services	\$	<u> </u>	\$	0_
5.	Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$	0 \$	\$	0
6.	Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$	0 \$	\$	0

^{*} If charges exceed reasonable cost, no further calculation necessary for this schedule.

COMPUTATION OF MEDI-CAL NET COST OF COVERED SERVICES

Provider Name: O'CONNOR HOSPITAL

Fiscal Period Ended: JUNE 30, 2001

		REPORTED		AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$	\$	0
2.	Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ 0	\$	0
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$	\$	0
4.		\$	\$	0
5.		\$ 	\$	0
6.	SUBTOTAL (Sum of Lines 1 through 5)	\$ 0	\$	0
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ (See Contract Sch 1)	\$	0
8.	SUBTOTAL	\$ 0 (To Contr	\$	0 Sab 2)
		(10 Contr	acı	SCH 2)
9.	Coinsurance (Adj)	\$	\$	0
10.	Patient and Third Party Liability (Adj)	\$ 	\$	0
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ O (To Contr	\$	0 Sch 1)

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: Fiscal Period Ended: O'CONNOR HOSPITAL JUNE 30, 2001

HSC00153F	DEDORTED		AUDITED
GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS	REPORTED		AUDITED
INPATIENT DAYS			
 Total Inpatient Days (include private & swing-bed) (Adj) 	0	_	0
Inpatient Days (include private, exclude swing-bed)	0	_	0
Private Room Days (exclude swing-bed private room) (Adj)	0		0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	0		0
Medicare NF Swing-Bed Days through Dec 31 (Adj)	0		0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0		0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0		0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	'	0
9. Medi-Cal Days (excluding swing-bed) (Adj)			0
SWING-BED ADJUSTMENT			
17. Medicare NF Swing-Bed Rates through Dec 31 (Adj) \$	0.00	\$	0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj.) \$		\$ \$	0.00
•		\$ \$	0.00
· · · · · · · · · · · · · · · · · · ·	-	_	
, , ,		\$ <u></u>	0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27) \$	0	\$	0
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)		\$	0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18) \$		\$ <u> </u>	0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19) \$		\$_	0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20) \$		\$_	0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25) \$		\$_	0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	0	\$_	0
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj) \$	0	\$	0
29. Private Room Charges (excluding swing-bed charges)(Adj) \$		\$ 	0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj) \$		\$ _	0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28) \$		· _	0.000000
32. Average Private Room Per Diem Charge (L 29 / L 3) \$		* – \$	0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4) \$		\$ \$	0.00
		· -	
		<u>\$</u> _	0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34) \$		\$ <u></u>	0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3) \$		\$ -	0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36) \$	0	\$_	0
PROGRAM INPATIENT OPERATING COST			
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2) \$	0.00	\$	0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	0	\$_	0
40. Cost Applicable to Medi-Cal (Contract Sch 4A) \$	0	Ś	0
41. Cost Applicable to Medi-Cal (Contract Sch 4B) \$		\$ —	0
TI. Cost Applicable to Medi-Cal (Collitact Scil 4D)	<u> </u>	٧ _	
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41) \$	0	\$_	0
	(To Contra	act S	Sch 3)

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: O'CONNOR HOSPITAL

Fiscal Period Ended: JUNE 30, 2001

SPECIAL CARE AND/OR NURSERY UNITS	RE	PORTED		AUDITED
NURSERY	٨	0		0
 Total Inpatient Routine Cost (Sch 8, Line 33, Col 27) Total Inpatient Days (Adj) 	\$	0	\$	0
3. Average Per Diem Cost	\$ 	0.00	\$	0.00
4. Medi-Cal Inpatient Days (Adj)	·	0.00	• • —	0.00
5. Cost Applicable to Medi-Cal	\$	0	\$	0
INTENSIVE CARE UNIT				
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$	0	\$	0
7. Total Inpatient Days (Adj)	. ——	0		0
8. Average Per Diem Cost	\$	0.00	\$_	0.00
9. Medi-Cal Inpatient Days (Adj)		0	<u>,</u> –	0
10. Cost Applicable to Medi-Cal	\$	0	\$_	
CORONARY CARE UNIT				
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$	0	\$_	0
12. Total Inpatient Days (Adj)		0	. <u>. </u>	0
13. Average Per Diem Cost	\$	0.00	\$_	0.00
14. Medi-Cal Inpatient Days (Adj)	. —		. –	0
15. Cost Applicable to Medi-Cal	\$	0	\$	0
NEONATAL INTENSIVE CARE UNIT				
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$	0	\$	0
17. Total Inpatient Days (Adj)		0		0
18. Average Per Diem Cost	\$	0.00	\$	0.00
19. Medi-Cal Inpatient Days (Adj)			. <u> </u>	0
20. Cost Applicable to Medi-Cal	\$	0	\$_	0
SURGICAL INTENSIVE CARE UNIT				
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$	0	\$	0
22. Total Inpatient Days (Adj)		0	_	0
23. Average Per Diem Cost	\$	0.00	\$	0.00
24. Medi-Cal Inpatient Days (Adj)			_	0
25. Cost Applicable to Medi-Cal	\$	0	\$	0
26. Total Inpatient Routine Cost (Sch 8, Line , Col 27)	\$	0	\$	0
27. Total Inpatient Days (Adj)	Ψ	0	·	0
28. Average Per Diem Cost	\$ <u></u>	0.00	\$	0.00
29. Medi-Cal Inpatient Days (Adj)	•	0.00	· · —	0
30. Cost Applicable to Medi-Cal	\$	0	\$	0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$	0	\$	0
		(To Contr	act S	

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: O'CONNOR HOSPITAL

Fiscal Period Ended: JUNE 30, 2001

	SPECIAL CARE UNITS	REPORTED		AUDITED
1.	Total Inpatient Routine Cost (Sch 8, Line , Col 27)	\$ 0	\$	0
2.	Total Inpatient Days (Adj)	0		0
3.	Average Per Diem Cost	\$ 0.00	\$	0.00
4.	Medi-Cal Inpatient Days (Adj)			0
5.	Cost Applicable to Medi-Cal	\$0	- \$ _	0
6.	Total Inpatient Routine Cost (Sch 8, Line, Col 27)	\$ 0	\$	0
7.	Total Inpatient Days (Adj)	0		0
8.	Average Per Diem Cost	\$ 0.00	\$	0.00
9.	Medi-Cal Inpatient Days (Adj)			0
10.	Cost Applicable to Medi-Cal	\$0	- \$ _	0
11.	Total Inpatient Routine Cost (Sch 8, Line, Col 27)	\$0	\$_	0
12.	Total Inpatient Days (Adj)	0		0
13.	Average Per Diem Cost	\$ 0.00	\$	0.00
14.	Medi-Cal Inpatient Days (Adj)			0
15.	Cost Applicable to Medi-Cal	\$0	_ \$ _	0
16.	Total Inpatient Routine Cost (Sch 8, Line, Col 27)	\$0	\$	0
17.	Total Inpatient Days (Adj)	0		0
18.	Average Per Diem Cost	\$ 0.00	\$_	0.00
19.	Medi-Cal Inpatient Days (Adj)			0
20.	Cost Applicable to Medi-Cal	\$0	- \$ _	0
21.	Total Inpatient Routine Cost (Sch 8, Line , Col 27)	\$ 0	\$	0
22.	Total Inpatient Days (Adj)	0		0
23.	Average Per Diem Cost	\$ 0.00	\$	0.00
24.	Medi-Cal Inpatient Days (Adj)			0
25.	Cost Applicable to Medi-Cal	\$0	- \$ _	0
26.	Total Inpatient Routine Cost (Sch 8, Line, Col 27)	\$ 0	\$	0
27.	Total Inpatient Days (Adj)	0		0
28.	Average Per Diem Cost	\$ 0.00	\$	0.00
29.	Medi-Cal Inpatient Days (Adj)			0
30.	Cost Applicable to Medi-Cal	\$0	- \$ _	0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ =	0
		(To Conti	act S	scn 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name: O'CONNOR HOSPITAL

Fiscal Period Ended: JUNE 30, 2001

Provider No: HSC00153F

136001337	TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj.)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS		(2.20)		(00000000000000000000000000000000000000	
37.00 Operating Room	\$ 11,618,454	\$ 0	0.000000	\$ 0	\$ 0
39.00 Delivery and Labor Room	3,774,292	0	0.000000	0	0
40.00 Anesthesiology	480,579	0	0.000000	0	0
41.00 Radiology-Diagnostic	2,533,620	0	0.000000	0	0
42.00 Radiology-Therapeutic	949,190	0	0.000000	0	0
43.00 Radioisotope	825,650	0	0.000000	0	0
44.00 Laboratory	3,878,380	0	0.000000	0	0
47.00 Blood Storing and Processing	989,094	0	0.000000	0	0
49.00 Respiratory Therapy	1,806,607	0	0.000000	0	0
50.00 Physical Therapy	1,742,741	0	0.000000	0	0
55.00 Medical Supplies Charged to Patients	1,266,763	0	0.000000	0	0
56.00 Drugs Charged to Patients	3,917,464	0	0.000000	0	0
57.00 Renal Dialysis	367,876	0	0.000000	0	0
59.00	0	0	0.000000	0	0
59.01 CT Scan	2,384,182	0	0.000000	0	0
59.02 Special Procedures	761,295	0	0.000000	0	0
59.03 Cardiac Diagnostic Center	2,431,572	0	0.000000	0	0
59.04	0	0	0.000000	0	0
59.05	0	0	0.000000	0	0
59.06	0	0	0.000000	0	0
59.07	0	0	0.000000	0	0
59.08	0	0	0.000000	0	0
59.09	0	0	0.000000	0	0
59.10	0	0	0.000000	0	0
59.11	0	0	0.000000	0	0
59.12	0	0	0.000000	0	0
59.13	0	0	0.000000	0	0
59.14	0	0	0.000000	0	0
60.00 Clinic	0	0	0.000000	0	0
60.01 CFL Clinic	1,822,574	0	0.000000	0	0
60.04 Wound Care Clinic	1,120,828	0	0.000000	0	0
60.05 Heart Lab	251,331	0	0.000000	0	0
60.06 San Carlos Clinic	85	0	0.000000	0	0
61.00 Emergency	2,663,884	0	0.000000	0	0
71.00 Home Health Agency	2,694,886	0	0.000000	0	0
72.00	0	0	0.000000	0	0
73.00	0	0	0.000000	0	0
74.00	0	0	0.000000	0	0
TOTAL	\$ 48,281,349	\$ 0		\$ 0	\$ 0

(To Contract Sch 3)

^{*} From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name: Fiscal Period Ended: O'CONNOR HOSPITAL JUNE 30, 2001

		REPORTED	ADJUSTMENTS	AUDITED
	ANCILLARY CHARGES		(Adj)	
37.00	Operating Room	\$	\$	\$ 0
39.00	Delivery and Labor Room			0
40.00	Anesthesiology			0
41.00	Radiology-Diagnostic			0
42.00	Radiology-Therapeutic			0
43.00	Radioisotope			0
44.00	Laboratory			0
47.00	Blood Storing and Processing			0
49.00	Respiratory Therapy			0
	Physical Therapy			0
55.00	Medical Supplies Charged to Patient	is .		0
56.00	Drugs Charged to Patients			0
57.00	Renal Dialysis			0
59.00				0
	CT Scan			0
	Special Procedures			0
59.03	Cardiac Diagnostic Center			0
59.04				0
59.05				0
59.06				0
59.07				0
59.08				0
59.09				0
59.10				0
59.11				0
59.12				0
59.13				0
59.14				0
60.00	Clinic			0
60.01	CFL Clinic			0
60.04	Wound Care Clinic			0
60.05	Heart Lab			0
60.06	San Carlos Clinic			0
61.00	Emergency			0
71.00	Home Health Agency			0
72.00				0
73.00				0
74.00				0
TOTAL N	IEDI-CAL ANCILLARY CHARGES	\$ 0	\$ 0	\$ 0

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name: O'CONNOR HOSPITAL

Fiscal Period Ended: JUNE 30, 2001

Provider No: HSC00153F

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION	TOTAL CHARGES TO ALL PATIENTS	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES	MEDI-CAL COST
40.00		(Adj)	(Adj)	2 22222	(Adj)	
		\$ 0	\$ 0	0.000000	\$	\$ 0
	Radiology - Diagnostic	0	0	0.000000		0
	Radioisotope	0	0	0.000000		0
	Laboratory	0	0	0.000000		0
	Electrocardiology	0	0	0.000000		0
	Electroencephalography	0	0	0.000000		0
61.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	\$ 0	\$ 0		\$ 0	\$ 0

(To Contract Sch 3)

O'CONNOR HOSPITAL

O.CONV	IOR HOSPITAL												
	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD N MOVABLE EQUIP 1.01	EW CAPITAL BLDG & FIXTURES 1.02	NEW MOVABLE EQUIP 1.03	ALLOC COST 1.06	ALLOC COST 2.00	ALLOC COST 3.00	ALLOC COST 3.01	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.06
	GENERAL SERVICE COST CENTER												
1.00	Old Cap Rel Costs-Bldg & Fixtures	3,373,324											
1.01	Old Cap Rel Costs- 53/69	0	0										
1.02	Old Cap Rel Costs-Depau	0	0	0									
1.03	Old Cap Rel Costs-Parkinç	0	0	0	0								
1.06	Old Cap Rel Cost - Laundry	0	0	0	0	0							
	Old Cap Rel Costs- Mvble Equip	173,923	0	0	0	0	0						
	New Cap Rel Costs-Bldg & Fixtures	2,218,138	0	0	0	0	0	0					
	New Cap Rel Costs- 53/69	0	0	0	0	0	0	0	0				
	New Cap Rel Costs-Depau	3,098	0	0	0	0	0	0	0	0			
	New Cap Rel Costs-Parking	5,958	0	0	0	0	0	0	0	0	0		
	New Cap Rel Cost - Laundry	0	0	0	0	0	0	0	0	0	0	0	
	New Cap Rel Costs-Mvble Equip	3,608,168	0	0	0	0	0	0	0	0	0	0	0
	Employee Benefits	10,124,122	0	0	0	0	0	0	0	0	0	0	0
		916,188	0	0	0	0	0 0	0	0	0	0	0 0	0
	Communications	567,936	0	0	0	0	0	0 0	0	0	0	0	0
	Data Processing Purchasing/Receiving	1,992,279 933,421	0	0	0	0	0	0	0	0	0	0	0
	Admitting	962,932	0	0	0	0	0	0	0	0	0	0	0
	Patient Services	2,067,383	0	0	0	0	0	0	0	0	0	0	0
0.03	i atlent Services	2,007,383	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	Ö	0	0	Ö	0	0	Ö	0	0
6.06	Administrative and Genera	10,440,471	0	0	Ö	Ö	0	0	Ö	0	Ö	0	0
	Maintenance and Repairs	2,900,547	0	Ö	Ö	Ö	0	0	Ö	0	Ö	0	Ö
	Operation of Plant	1,785,252	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö
	Laundry and Linen Service	673,746	0	0	0	0	0	0	0	0	0	0	0
	Housekeeping	1,915,700	0	0	0	0	0	0	0	0	0	0	0
	Dietary	447,672	0	0	0	0	0	0	0	0	0	0	0
	Cafeteria	1,295,405	0	0	0	0	0	0	0	0	0	0	0
14.00	Nursing Administratior	1,538,131	0	0	0	0	0	0	0	0	0	0	0
15.00	Central Services & Supplies	744,034	0	0	0	0	0	0	0	0	0	0	0
16.00	Pharmacy	1,070,579	0	0	0	0	0	0	0	0	0	0	0
17.00	Medical Records and Medical Librar	1,790,543	0	0	0	0	0	0	0	0	0	0	0
18.00	Social Service	209,824	0	0	0	0	0	0	0	0	0	0	0
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.01		0	0	0	0	0	0	0	0	0	0	0	0
19.02		0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0
	Nursing Schoo	0	0	0 0	0	0	0 0	0	0	0	0	0 0	0
	Intern & Res Service-Salary & Fringe Intern & Res Other Program	0	0	0	0	0	0	0	0	0	0	0	0
	Paramedical Ed Program INPATIENT ROUTINE COST CENTERS	0	0	0	0	Ö	0	0	0	0	0	0	0
25.00	Adults & Pediatrics (Gen Routine	11,134,975	0	0	0	0	0	0	0	0	0	0	0
	Intensive Care Unit	2,859,360	Ö	Ö	Ö	Ö	0	Ö	Ö	Ö	Ö	0	Ö
	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Surgical Intensive Care	0	0	Ö	0	0	0	0	Ö	0	0	0	Ö
	Subprovider	0	0	0	0	0	0	0	0	0	0	0	0
	Subprovider I	0	0	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ō	Ö
32.00		Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö
	Nursery	1,523,026	0	0	0	0	0	0	0	0	0	0	0
	Medicare Certified Nursing Facility	1,323,827	0	0	0	0	0	0	0	0	0	0	0
	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00		0	0	0	0	0	0	0	0	0	0	0	0
	Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

O'CONNOR HOSPITAL

O CONN	ON HOSFITAL												
	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD N MOVABLE EQUIP 1.01	EW CAPITAL BLDG & FIXTURES 1.02	NEW MOVABLE EQUIP 1.03	ALLOC COST 1.06	ALLOC COST 2.00	ALLOC COST 3.00	ALLOC COST 3.01	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.06
	ANCILLARY COST CENTERS												
37.00	Operating Room	10,208,727	0	0	0	0	0	0	0	0	0	0	0
	Delivery and Labor Room	3,316,338	Ö	0	0	0	0	0	0	0	0	0	0
	Anesthesiology	422,268	0	0	0	0	0	0	0	0	0	0	0
	Radiology-Diagnostic	2,226,203	0	0	0	0	0	0	0	0	0	0	0
	Radiology-Diagnostic	834,020	0	0	0	0	0	0	0	0	0	0	0
		725,470	0	0	0	0	0	0	0	0	0	0	0
	Radioisotope Laboratory	3,407,796	0	0	0	0	0	0	0	0	0	0	0
	Blood Storing and Processing	869,082	0	0	0	0	0	0	0	0	0	0	0
	- · · · · · · · · · · · · · · · · · · ·	1,587,402	0	0	0	0	0	0	0	0	0	0	0
	Respiratory Therapy	1,531,285	0	0	0	0	0	0	0	0	0	0	0
	Physical Therapy		0	0	0	0	0	0	0	0	0	0	0
	Medical Supplies Charged to Patient	1,113,060	0	0	-	0	0	•	0	0		0	0
	Drugs Charged to Patients	3,442,138			0			0			0	0	
	Renal Dialysis	323,240	0	0	0	0	0	0	0	0	0		0
59.00	07.0	0	0	0	0	0	0	0	0	0	0	0	0
	CT Scan	2,094,897	0	0	0	0	0	0	0	0	0	0	0
	Special Procedures	668,923	0	0	0	0	0	0	0	0	0	0	0
59.03	Cardiac Diagnostic Cente	2,136,537	0	0	0	0	0	0	0	0	0	0	0
59.04		0	0	0	0	0	0	0	0	0	0	0	0
59.05		0	0	0	0	0	0	0	0	0	0	0	0
59.06		0	0	0	0	0	0	0	0	0	0	0	0
59.07		0	0	0	0	0	0	0	0	0	0	0	0
59.08		0	0	0	0	0	0	0	0	0	0	0	0
59.09		0	0	0	0	0	0	0	0	0	0	0	0
59.10		0	0	0	0	0	0	0	0	0	0	0	0
59.11		0	0	0	0	0	0	0	0	0	0	0	0
59.12		0	0	0	0	0	0	0	0	0	0	0	0
59.13		0	0	0	0	0	0	0	0	0	0	0	0
59.14		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	CFL Clinic	1,601,432	0	0	0	0	0	0	0	0	0	0	0
60.04	Wound Care Clinic	984,832	0	0	0	0	0	0	0	0	0	0	0
60.05	Heart Lab	220,836	0	0	0	0	0	0	0	0	0	0	0
60.06	San Carlos Clinic	75	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	2,340,661	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	2,367,902	0	0	0	0	0	0	0	0	0	0	0
72.00		0	0	0	0	0	0	0	0	0	0	0	0
73.00		0	0	0	0	0	0	0	0	0	0	0	0
74.00		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS	1											
96.00	Gift, Flower, Coffee Shop & Canteer	115,051	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	Off Site Respiratory	13	0	0	0	0	0	0	0	0	0	0	0
	Physicians Office Bldgs	1,041,278	0	0	0	0	0	0	0	0	0	0	0
	Other Nonrembursable Services	0	0	0	0	0	0	0	0	0	0	0	0
	Marketing	1,172	0	0	0	0	0	0	0	0	0	0	0
100.00		372,148	0	0	0	0	0	0	0	0	0	0	0
	Physician Services	79	0	Ö	Ö	Ö	0	0	Ö	Ö	Ö	Ö	0
	Seniro Initiative	1,338	0	Ö	0	Ö	0	0	Ö	0	0	Ö	0
	Foundation	182,498	Ö	Ö	Ö	Ö	Ő	Ő	ő	Ö	Ö	Ö	0
	Parish Nursing Program	102,430	0	0	0	0	0	0	0	0	0	0	0
	Community Health Services	256,628	0	0	0	Ö	0	0	0	0	0	0	0
100.00	Commenter Floriditi Convious	230,020	Ö	0	0	0	0	0	0	0	0	0	0
100.10		0	0	0	0	0	0	0	0	0	0	0	0
100.11		O	J	· ·	O	· ·	O	O	· ·	O	J	J	0
	TOTAL	112,993,415	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

O'CONNOR HOSPITAL

O CONTR	OR HOSPITAL												
	TRIAL BALANCE EXPENSES	ALLOC COST 4.00	EMPLOYEE BENEFITS 5.00	ALLOC COST 5.01	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST	ALLOC COST	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.06
1.01 1.02 1.03 1.06 2.00 3.00 3.01 3.02 3.03 3.06 4.00 5.00 6.01 6.02 6.03 6.04	GENERAL SERVICE COST CENTER Old Cap Rel Costs-Bldg & Fixtures Old Cap Rel Costs-Depau Old Cap Rel Costs-Bldg & Fixtures New Cap Rel Costs-Bldg & Fixtures New Cap Rel Costs-Depau New Cap Rel Costs-Depau New Cap Rel Costs-Parking New Cap Rel Costs-Parking New Cap Rel Costs-Parking New Cap Rel Costs-Myble Equip Employee Benefits Human Resources Communications Data Processing Purchasing/Receiving Admitting Patient Services	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	0 0 0 0	0 0 0	0 0 0	0 0	0					
6.06 7.00 8.00 9.00 11.00 12.00 14.00 15.00 16.00 17.00 19.00 19.01 19.02 20.00 21.00 22.00 23.00	Administrative and Genera Maintenance and Repairs Operation of Plant Laundry and Linen Service Housekeeping Dietary Cafeteria Nursing Administratior Central Services & Supplies Pharmacy Medical Records and Medical Librar Social Service								0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10,440,471 2,900,547 1,785,252 673,746 1,915,700 447,672 1,295,405 1,538,131 744,034 1,070,579 1,790,543 209,824 0 0 0 0	400,538 246,526 93,038 264,540 61,819 178,883 212,401 102,744 147,837 247,257 28,975 0 0 0 0 0
26.00 27.00 28.00 29.00 30.00 31.00 32.00 34.00 35.00 36.00 36.01	Adults & Pediatrics (Gen Routine Intensive Care Unit Coronary Care Unit Neonatal Intensive Care Unit Surgical Intensive Care Subprovider Subprovider Nursery Medicare Certified Nursing Facility Distinct Part Nursing Facility Subacute Care Unit Transitional Care Unit	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	11,134,975 2,859,360 0 0 0 0 0 0 1,523,026 1,323,827 0 0	1,537,633 394,850 0 0 0 0 0 0 210,315 182,808 0 0

	TRIAL BALANCE EXPENSES	ALLOC COST 4.00	EMPLOYEE BENEFITS 5.00	ALLOC COST 5.01	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST	ALLOC COST	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.06
	ANCILLARY COST CENTERS												
	Operating Room	0	0	0	0	0	0	0	0	0	0	10,208,727	1,409,727
	Delivery and Labor Room	0	0	0	0	0	0	0	0	0	0	3,316,338	457,954
	Anesthesiology	0	0	0	0	0	0	0	0	0	0	422,268	58,311
	Radiology-Diagnostic	0	0	0	0	0	0 0	0	0	0	0	2,226,203	307,417
	Radiology-Therapeutic Radioisotope	0	0	0	0	0	0	0	0	0	0	834,020 725,470	115,170 100,180
	Laboratory	0	0	0	0	0	0	0	0	0	0	3,407,796	470,584
	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	Ö	869,082	120,012
	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	1,587,402	219,205
	Physical Therapy	0	0	0	0	0	0	0	0	0	0	1,531,285	211,456
55.00	Medical Supplies Charged to Patient	0	0	0	0	0	0	0	0	0	0	1,113,060	153,703
	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,442,138	475,326
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	323,240	44,636
59.00	o= 0	0	0	0	0	0	0	0	0	0	0	0	0
	CT Scan	0	0	0	0	0	0	0	0	0	0	2,094,897	289,285
59.02	•	0	0	0	0	0	0	0	0	0	0	668,923	92,372
59.03 59.04	Cardiac Diagnostic Cente	0	0	0	0	0	0	0	0	0	0	2,136,537 0	295,035 0
59.04		0	0	0	0	0	0	0	0	0	0	0	0
59.06		0	0	0	Ö	0	Ö	0	Ö	Ö	Ö	0	0
59.07		0	0	0	0	0	0	0	0	0	0	0	0
59.08		0	0	0	0	0	0	0	0	0	0	0	0
59.09		0	0	0	0	0	0	0	0	0	0	0	0
59.10		0	0	0	0	0	0	0	0	0	0	0	0
59.11		0	0	0	0	0	0	0	0	0	0	0	0
59.12		0	0	0	0	0	0	0	0	0	0	0	0
59.13		0	0	0	0	0	0	0	0	0	0	0	0
59.14	Olii-	0	0	0	0	0	0 0	0	0	0	0	0	0
60.00	CFL Clinic	0	0	0	0	0	0	0	0	0	0	1,601,432	221,142
	Wound Care Clinic	0	0	0	0	0	0	0	0	0	0	984,832	135,996
	Heart Lab	0	0	Ö	Ö	0	Ö	0	0	Ö	Ö	220,836	30,495
	San Carlos Clinic	0	0	0	0	0	0	0	0	0	0	75	10
61.00	Emergency	0	0	0	0	0	0	0	0	0	0	2,340,661	323,223
71.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	2,367,902	326,984
72.00		0	0	0	0	0	0	0	0	0	0	0	0
73.00		0	0	0	0	0	0	0	0	0	0	0	0
74.00		0	0	0	0	0	0	0	0	0	0	0	0
00.00	NONREIMBURSABLE COST CENTER					•			•	_	•	445.054	45.007
	Gift, Flower, Coffee Shop & Canteer Nonpaid Workers	0	0	0	0	0	0 0	0	0	0	0	115,051 0	15,887 0
	Off Site Respiratory	0	0	0	0	0	0	0	0	0	0	13	2
	Physicians Office Bldgs	0	0	0	0	0	0	0	0	0	0	1,041,278	143,790
	Other Nonrembursable Services	0	0	Ö	0	0	Ö	0	Ö	Ö	Ö	0	0
	Marketing	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	1,172	162
100.00	· ·	0	0	0	0	0	0	0	0	0	0	372,148	51,390
100.01	Physician Services	0	0	0	0	0	0	0	0	0	0	79	11
	Seniro Initiative	0	0	0	0	0	0	0	0	0	0	1,338	185
	Foundation	0	0	0	0	0	0	0	0	0	0	182,498	25,201
	Parish Nursing Program	0	0	0	0	0	0	0	0	0	0	124	17
100.09	Community Health Services	0	0	0	0	0	0	0	0	0	0	256,628	35,438
100.10		0	0	0	0	0	0 0	0	0 0	0	0	0	0
100.11		0				0					0	0	
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>86,046,545</u>	<u>10,440,471</u>

CENTRAL

MEDICAL

Fiscal Period Ended: JUNE 30, 2001 Provider Name:

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 14.00	NURSING ADMIN 15.00	SERVICE & SUPPLY 16.00	PHARMACY 17.00	RECORDS & LIBRARY 18.00	SOCIAL SERVICE 19.00
1.01 1.02 1.03 1.06 2.00 3.00 3.01 3.02 3.03 3.06 4.00 5.00 6.01 6.02	GENERAL SERVICE COST CENTER Old Cap Rel Costs-Bldg & Fixtures Old Cap Rel Costs-53/69 Old Cap Rel Costs-Depau Old Cap Rel Costs-Parking Old Cap Rel Costs-Parking Old Cap Rel Costs-Whole Equip New Cap Rel Costs-Bldg & Fixtures New Cap Rel Costs-53/69 New Cap Rel Costs-Depau New Cap Rel Costs-Parking New Cap Rel Costs-Parking New Cap Rel Costs-Parking New Cap Rel Costs-Myble Equip Employee Benefits Human Resources Communications Data Processing Purchasing/Receiving Admitting Patient Services												
7.00 8.00 9.00 10.00 12.00 14.00 15.00 18.00 19.00 19.00 20.00 21.00 22.00 23.00	O Social Service			0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0
26.00 27.00 28.00 29.00 30.00 31.00 32.00 33.00 34.00 35.00 36.00	Adults & Pediatrics (Gen Routine Intensive Care Unit Coronary Care Unit Neonatal Intensive Care Unit Surgical Intensive Care Subprovider Subprovider Nursery Medicare Certified Nursing Facility Distinct Part Nursing Facility	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0

O'CONNOR HOSPITAL

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 14.00	NURSING ADMIN 15.00	CENTRAL SERVICE & SUPPLY 16.00	PHARMACY 17.00	MEDICAL RECORDS & LIBRARY 18.00	SOCIAL SERVICE 19.00
	ANCILLARY COST CENTERS												
37.00	Operating Room	0	0	0	0	0	0	0	0	0	0	0	0
	Delivery and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
	Radiology-Diagnostic	0	0	0	0	0	0	0	0	0	0	0	0
	Radiology-Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
	Radioisotope Laboratory	0	0	0	0 0	0 0	0	0	0	0	0	0 0	0
	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
	Respiratory Therapy	Ö	0	0	0	0	0	0	0	0	Ö	0	Ö
	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0
	Medical Supplies Charged to Patient	0	0	0	0	0	0	0	0	0	0	0	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	0	0
	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
	CT Scan	0	0	0	0	0	0	0	0	0	0	0	0
	Special Procedures	0	0	0	0	0	0	0	0	0	0	0	0
	Cardiac Diagnostic Cente	0	0	0	0	0	0	0	0	0	0	0	0
59.04 59.05		0	0	0	0 0	0	0	0	0	0	0	0	0
59.06		0	0	0	0	0	0	0	0	0	0	0	0
59.07		0	0	0	0	0	0	0	0	0	0	0	0
59.08		Ō	0	0	0	Ö	0	Ö	0	Ö	Ō	0	Ö
59.09		0	0	0	0	0	0	0	0	0	0	0	0
59.10		0	0	0	0	0	0	0	0	0	0	0	0
59.11		0	0	0	0	0	0	0	0	0	0	0	0
59.12		0	0	0	0	0	0	0	0	0	0	0	0
59.13		0	0	0	0	0	0	0	0	0	0	0	0
59.14	au :	0	0	0	0	0	0	0	0	0	0	0	0
60.00		0	0	0	0	0	0	0	0	0	0	0	0
	CFL Clinic	0	0	0	0 0	0	0	0	0	0	0	0	0
	Wound Care Clinic Heart Lab	0	0	0	0	0	0	0	0	0	0	0	0
	San Carlos Clinic	0	0	0	0	0	0	0	0	0	0	0	0
	Emergency	Ö	0	0	0	0	0	0	0	0	Ö	0	Ö
	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0
72.00		0	0	0	0	0	0	0	0	0	0	0	0
73.00		0	0	0	0	0	0	0	0	0	0	0	0
74.00		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTER												
	Gift, Flower, Coffee Shop & Canteer	0	0	0	0	0	0	0	0	0	0	0	0
	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
	Off Site Respiratory Physicians Office Bldgs	0	0	0	0 0	0	0	0	0	0	0	0	0
	Other Nonrembursable Services	0	0	0	0	0	0	0	0	0	0	0	0
	Marketing	0	0	0	0	0	0	0	0	0	0	0	0
100.00		Ö	0	0	0	0	0	0	0	0	Ö	0	Ö
	Physician Services	0	0	0	0	0	0	0	0	0	0	0	0
	Seniro Initiative	0	0	0	0	0	0	0	0	0	0	0	0
	Foundation	0	0	0	0	0	0	0	0	0	0	0	0
	Parish Nursing Program	0	0	0	0	0	0	0	0	0	0	0	0
	Community Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100.10		0	0	0	0	0	0	0	0	0	0	0	0
100.11		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>O</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Fiscal Period Ended: JUNE 30, 2001

O'CONNOR HOSPITAL										POST	
				NON-		INT & RES				STEP-DOWN	TOTAL
TRIAL BALANCE	ALLOC	ALLOC	ALLOC	PHYSICIAN	NURSING	SALARY &	INT & RES	PARAMED	SUBTOTAL	ADJUSTMENT	COST
EXPENSES	COST	COST	COST	ANESTH	SCHOOL	FRINGES	PROGRAM	EDUCAT			
	19.01	19.02	19.03	20.00	21.00	22.00	23.00	24.00	25.00	26.00	27.00
GENERAL SERVICE COST CENTER											

	EXPENSES	COST	COST	COST	ANESTH	SCHOOL	FRINGES	PROGRAM	EDUCAT	30BTOTAL /	ADJUST WIENT	0031
		19.01	19.02	19.03	20.00	21.00	22.00	23.00	24.00	25.00	26.00	27.00
	GENERAL SERVICE COST CENTER											
1.00	Old Cap Rel Costs-Bldg & Fixtures											
1.01	Old Cap Rel Costs- 53/69											
	Old Cap Rel Costs-Depau											
	Old Cap Rel Costs-Parkinç											
	Old Cap Rel Cost - Laundry											
	Old Cap Rel Costs- Mvble Equir											
	New Cap Rel Costs-Bldg & Fixtures											
	New Cap Rel Costs- 53/69											
	New Cap Rel Costs-Depau New Cap Rel Costs-Parking											
	New Cap Rel Costs-Farking											
	New Cap Rel Costs-Myble Equir											
	Employee Benefits											
	Human Resources											
	Communications											
	Data Processing											
	Purchasing/Receiving											
	Admitting											
6.05	Patient Services											
	Administrative and Genera											
	Maintenance and Repairs Operation of Plant											
	Laundry and Linen Service											
	Housekeeping											
	Dietary											
	Cafeteria											
14.00	Nursing Administratior											
	Central Services & Supplies											
	Pharmacy											
	Medical Records and Medical Librar											
19.00	Social Service											
19.00												
19.02		0										
19.03		0	0									
	Nonphysician Anesthetists	0	0	0								
	Nursing Schoo	0	0	0	0							
	Intern & Res Service-Salary & Fringe	0	0	0		0						
	Intern & Res Other Program	0	0	0		0						
24.00	Paramedical Ed Program	0	0	0	0	0	0	0				
05.00	INPATIENT ROUTINE COST CENTER			•	•		•			40.070.000		40.070.000
	Adults & Pediatrics (Gen Routine Intensive Care Unit	0	0	0		0		0	0	12,672,608 3,254,210		12,672,608 3,254,210
	Coronary Care Unit	0	0	0		0		0	0	3,254,210		3,254,210
	Neonatal Intensive Care Unit	0	0	0		0		0	0	0		0
	Surgical Intensive Care	0	0	0		0		0	0	0		0
	Subprovider	0	0	Ö		0		Ō	Ō	0		0
	Subprovider I	0	0	0	0	0	0	0	0	0		0
32.00		0	0	0		0		0	0	0		0
33.00	Nursery	0	0	0		0		0	0	1,733,341		1,733,341
	Medicare Certified Nursing Facility	0	0	0		0		0	0	1,506,635		1,506,635
	Distinct Part Nursing Facility	0	0	0		0		0	0	0		0
36.00	Cultivate Com Hair	0	0	0		0		0	0	0		0
	Subacute Care Unit Transitional Care Unit	0	0	0		0		0	0	0		0
30.02	Transitional Care Offi	U	Ü	U	. 0	U	0	U	U	U		U

Fiscal Period Ended: JUNE 30, 2001

Flovidei	ivallie.				riscai reliou E	ilueu. Juive su	, 2001					
O'CONN	OR HOSPITAL										POST	
	TRIAL BALANCE	ALLOC	ALLOC	ALLOC	NON- PHYSICIAN	NURSING	INT & RES SALARY &	INT & RES	PARAMED	SUBTOTAL A	STEP-DOWN Adjustment	TOTAL COST
	EXPENSES	COST 19.01	COST 19.02	COST 19.03	ANESTH 20.00	SCHOOL 21.00	FRINGES 22.00	PROGRAM 23.00	EDUCAT 24.00	25.00	26.00	27.00
07.00	ANCILLARY COST CENTERS	_				•		•	•	44.040.454		44 040 454
	Operating Room	0	0	0	0	0	0	0	0			11,618,454
	Delivery and Labor Room	0	0	0	0	0	0	0	0	3,774,292		3,774,292
	Anesthesiology	0	0	0	0	0	0	0	0	480,579		480,579
	Radiology-Diagnostic	0	0	0	0	0	0	0	0	2,533,620		2,533,620
	Radiology-Therapeutic	0	0	0	0	0	0	0	0	949,190		949,190
	Radioisotope	0	0	0	0	0	0	0	0	825,650		825,650
	Laboratory	0	0	0	0	0	0	0	0	3,878,380		3,878,380
	Blood Storing and Processing	0	0	0	0	0	0	0	0	989,094		989,094
	Respiratory Therapy	0	0	0	0	0	0	0	0	1,806,607		1,806,607
	Physical Therapy	0	0	0	0	0	0	0	0	1,742,741		1,742,741
	Medical Supplies Charged to Patient	0	0	0	0	0	0	0	0	1,266,763		1,266,763
	Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,917,464		3,917,464
	Renal Dialysis	0	0	0	0	0	0	0	0	367,876		367,876
59.00	07.0	0	0	0	0	0	0	0	0	0		0
	CT Scan	0	0	0	0	0	0	0	0	2,384,182		2,384,182
	Special Procedures	0	0	0	0	0	0	0	0	761,295		761,295
	Cardiac Diagnostic Cente	0	0	0	0	0	0	0	0	2,431,572		2,431,572
59.04		0	0	0	0	0	0	0	0	0		0
59.05		0	0	0	0	0	0	0	0	0		0
59.06		0	0	0	0	0	0	0	0	0		0
59.07		0	0	0	0	0	0	0	0	0		0
59.08		0	0	0	0	0	0	0	0	0		0
59.09		0	0	0	0	0	0	0	0	0		0
59.10		0	0	0	0	0	0	0	0	0		0
59.11		0	0	0	0	0	0	0	0	0		0
59.12		0	0	0	0	0	0	0	0	0		0
59.13		0	0	0	0	0	0	0	0	0		0
59.14	Oil :	0	0	0	0	0	0	0	0	•		0
60.00		0	0	0	0	0	0	0	0	0		0
	CFL Clinic	0	0	0	0	0	0	0	0	1,822,574		1,822,574
	Wound Care Clinic	0	0	0	0	0	0	0	0	1,120,828		1,120,828
	Heart Lab	0	0	-	-	0	0	0	0	251,331		251,331
	San Carlos Clinic	•	-	0	0	_	-	0	0	85		85
	Emergency	0	0	0	0	0	0	0	0	2,663,884		2,663,884
	Home Health Agency	0	0	0	0	0	0	0	0	2,694,886 0		2,694,886 0
72.00		-	-	-	-			-	-	-		-
73.00		0	0	0	0	0	0	0	0	0		0
74.00	NONDEIMBURGARI E COCT CENTER	U	U	U	U	U	U	U	U	0		U
96.00	NONREIMBURSABLE COST CENTER: Gift, Flower, Coffee Shop & Canteer	0	0	0	0	0	0	0	0	130,938		130,938
	Nonpaid Workers	0	0	0	0	0	0	0	0	130,936		130,936
	Off Site Respiratory	0	0	0	0	0	0	0	0	15		15
		0	0	0	0	0	0	0				
	Physicians Office Bldgs	0	0	0	0	0	0	0	0	1,185,068 0		1,185,068
	Other Nonrembursable Service: Marketing	0	0	0	0	0	0	0	0	1,334		1,334
100.00	Marketing	0	0	0	0	0	0	0	0	423,538		423,538
	Physician Corvinos	0	0	0	0	0	0	0	0	423,538 90		
	Physician Services Seniro Initiative	0	0	0	0	0	0	0	0	1,523		90 1 523
	Foundation	0	0	0	0	0	0	0	0	1,523 207,699		1,523 207,699
		-	0	-					0			
	Parish Nursing Program	0	0	0	0	0	0	0	0	141		141
	Community Health Services	0		0		0	0	0		292,066		292,066
100.10 100.11		0	0	0	0	0	0	0	0	0		0
100.11		U	U	0	0	U	Ü	0	0	0		0
	TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	0	69,690,555	<u>0</u>	69,690,555
	- -	<u>~</u>	<u> ~</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>~</u>		<u>~</u>	,,

STATE OF CALIFORNIA STATISTICS FOR COST ALLOCATION (W/S B-1) Fiscal Period Ended: JUNE 30, 2001 SCHEDULE 9

Provider Name:

	GENERAL SERVICE COST CENTERS
1.00	Old Cap Rel Costs-Bldg & Fixtures
1.01	Old Cap Rel Costs- 53/69
1.02	Old Cap Rel Costs-Depau
1.03	Old Cap Rel Costs-Parking
1.06	Old Cap Rel Cost - Laundry
2.00	Old Cap Rel Costs- Mvble Equip
3.00	New Cap Rel Costs-Bldg & Fixtures
3.01	New Cap Rel Costs- 53/69
3.02	New Cap Rel Costs-Depaul
3.03	New Cap Rel Costs-Parking
3.06	New Cap Rel Cost - Laundry
4.00	New Cap Rel Costs-Mvble Equip
5.00	Employee Benefits
5.01	Human Resources
6.01	Communications
6.02	Data Processing
6.03	Purchasing/Receiving
6.04	Admitting
6.05	Patient Services
6.06	Administrative and Genera
7.00	Maintenance and Repairs
8.00	Operation of Plant
9.00	Laundry and Linen Service
10.00	Housekeeping
11.00	Dietary
12.00	Cafeteria
14.00	Nursing Administration
15.00 16.00	Central Services & Supplies Pharmacy
17.00	Medical Records and Medical Library
18.00	Social Service
19.00	Social Service
19.00	
19.01	
19.02	
20.00	Nonphysician Anesthetists
21.00	Nursing School
22.00	Intern & Res Service-Salary & Fringes
23.00	Intern & Res Other Program
24.00	Paramedical Ed Program
24.00	INPATIENT ROUTINE COST CENTERS
25.00	Adults & Pediatrics (Gen Routine
26.00	Intensive Care Unit
27.00	Coronary Care Unit
28.00	Neonatal Intensive Care Unit
29.00	Surgical Intensive Care
30.00	Subprovider I
31.00	Subprovider II
32.00	Outprovider II
33.00	Nursery
34.00	Medicare Certified Nursing Facility
35.00	Distinct Part Nursing Facility
36.00	Distiller Falt Nursing Facility
36.00	Subacute Care Unit
36.02	Transitional Care Unit
30.02	Transitional Care Offic

OLD BLDG	OLD MOVBLE	NEW BLDG	NEW MOVBLE	STAT	STAT						
& FIXTURES (SQ FT)	EQUIP (SQ FT)	& FIXTURES	EQUIP (SQ FT)								
1.00	1.01	1.02		1.06	2.00	3.00	3.01	3.02	3.03	3.06	4.00
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj

	STATE OF CALIFORNIA	STATISTICS FOR COST ALLOCATION (W/S B-1)	Fiscal Period Ended: JUNE 30, 2001	SCHEDULE	9
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STAT

2.00

(Adj) (Adj) (Adj)

STAT

3.00

STAT

3.01

(Adj) (Adj) (Adj) (Adj) (Adj) (Adj) (Adj)

STAT

3.02

(Adj) (Adj) (Adj)

STAT

3.06

(Adj)

STAT

3.03

STAT

4.00

(Adj)

(Adj)

STATE OF	CALIFORNIA			SIA	HSH	CS F	OR COS	I ALI	OCATIO	N (W/S	B-1)	
Provider N	lame:											
о соиио	R HOSPITAL	OLD E	BLDG	OLD	MOV	BLE.	NEW E	BLDG	NEW M	OVBLE	STA	Т
		& FIXT	URES	. 1	EQUIP	•	& FIXT	URES	EQU	JIP		
		(SQ			SQ FT		(SQ		(SQ			
			1.00			.01		1.02		1.03	1.06	
		(Adj (Adj)		Adj Adj)	(Adj (Adj)	(Adj (Adj)	(Adj (Adj)
	ANCILLARY COST CENTERS	(Auj	,	۱,	-uj	'	(Auj	,	(Auj	,	(Auj	,
37.00	Operating Room											
39.00	Delivery and Labor Room											
40.00	Anesthesiology											
41.00	Radiology-Diagnostic											
42.00 43.00	Radiology-Therapeutic Radioisotope											
44.00	Laboratory											
47.00	Blood Storing and Processing											
49.00	Respiratory Therapy											
50.00	Physical Therapy											
55.00	Medical Supplies Charged to Patients											
56.00	Drugs Charged to Patients											
57.00	Renal Dialysis											
59.00												
59.01	CT Scan											
59.02	Special Procedures											
59.03	Cardiac Diagnostic Center											
59.04 59.05												
59.05												
59.07												
59.08												
59.09												
59.10												
59.11												
59.12												
59.13												
59.14												
60.00	Clinic											
60.01	CFL Clinic Wound Care Clinic											
60.04 60.05	Heart Lab											
60.06	San Carlos Clinic											
61.00	Emergency											
71.00	Home Health Agency											
72.00												
73.00												
74.00												
	NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop & Canteer											
99.00	Nonpaid Workers											
99.01 99.02	Off Site Respiratory Physicians Office Bldgs											
99.03	Other Nonrembursable Services											
99.05	Marketing											
100.00												
100.01	Physician Services											
100.02	Seniro Initiative											
100.03	Foundation											
100.04	Parish Nursing Program											
100.09	Community Health Services											
100.10												

100.10 100.11

TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
COST TO BE ALLOCATED	3,373,324	0	0	0	0	173,923	2,218,138	0	3,098	5,958	0	3,608,168
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Provider Name:

Provider N		F1.5			_	07.5	c=:-	-	07.7	^=·-	-	07			OT 4 =	ADM 2 25:	
O.CONNO	R HOSPITAL	EMP BE		STA	Т	STAT	STAT	Γ	STAT	STAT	ſ	STAT	STAT		STAT	ADM & GEN (ACCUM	MAINT & REPAIRS
		SALARII														COST)	(SQ FT)
		5.00		5.01		6.01	6.02		6.03	6.04		6.05					7.00
		-)	(Adj)	(Adj) (Adj)	(Adj)	(Adj)	(Adj (Adj)	(Adj) (Adj)	(Adj) (Adj)		Adj) Adj)		(Adj) (Adj)
	GENERAL SERVICE COST CENTERS	(Adj)	(Adj	,	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(A	Adj)		(Adj)
1.00	Old Cap Rel Costs-Bldg & Fixtures																
1.01	Old Cap Rel Costs- 53/69																
1.02	Old Cap Rel Costs-Depau																
1.03	Old Cap Rel Costs-Parking																
1.06	Old Cap Rel Cost - Laundry																
2.00 3.00	Old Cap Rel Costs- Mvble Equip New Cap Rel Costs-Bldg & Fixtures																
3.00	New Cap Rel Costs-53/69																
3.02	New Cap Rel Costs-Depaul																
3.03	New Cap Rel Costs-Parking																
3.06	New Cap Rel Cost - Laundry																
4.00	New Cap Rel Costs-Mvble Equip																
5.00	Employee Benefits																
5.01 6.01	Human Resources Communications																
6.02	Data Processing																
6.03	Purchasing/Receiving																
6.04	Admitting																
6.05	Patient Services																
6.06	Administrative and Genera																
7.00	Maintenance and Repairs															2,900,547	
8.00	Operation of Plant															1,785,252	
9.00	Laundry and Linen Service															673,746	
10.00	Housekeeping															1,915,700	
11.00 12.00	Dietary Cafeteria															447,672 1,295,405	
14.00	Nursing Administration															1,538,131	
15.00	Central Services & Supplies															744,034	
16.00	Pharmacy															1,070,579	
17.00	Medical Records and Medical Library															1,790,543	
18.00	Social Service															209,824	
19.00																0	
19.01 19.02																0	
19.02																0	
20.00	Nonphysician Anesthetists															Ō	
21.00	Nursing School															0	
22.00	Intern & Res Service-Salary & Fringes															0	
23.00	Intern & Res Other Program															0	
24.00	Paramedical Ed Program															0	
25.00	INPATIENT ROUTINE COST CENTERS Adults & Pediatrics (Gen Routine															11,134,975	
26.00	Intensive Care Unit															2,859,360	
27.00	Coronary Care Unit															0	
28.00	Neonatal Intensive Care Unit															0	
29.00	Surgical Intensive Care															0	
30.00	Subprovider I															0	
31.00	Subprovider II															0	
32.00	Number															1 522 026	
33.00 34.00	Nursery Medicare Certified Nursing Facility															1,523,026 1,323,827	
35.00	Distinct Part Nursing Facility															1,323,627	
36.00																Ö	
36.01	Subacute Care Unit															0	
36.02	Transitional Care Unit															0	

Provider	Name:
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O'CONNO	R HOSPITAL	EMP BENE	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN	MAINT &
		(GROSS SALARIES)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•	•	•	•	•	• • • • • • • • • • • • • • • • • • • •	(ACCUM COST)	REPAIRS (SQ FT)
		5.00 (Adj) (Adj)	5.01 (Adj) (Adj)	6.01 (Adj) (Adj)	6.02 (Adj) (Adj)	6.03 (Adj) (Adj)	6.04 (Adj) (Adj)	6.05 (Adj) (Adj)	(Adj) (Adj)	(Adj) (Adj)		7.00 (Adj) (Adj)
	ANCILLARY COST CENTERS	(,	(. ,	(· · · · ·)	(-12)	()	, ,	,,	(,	(,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
37.00	Operating Room										10,208,727	
39.00	Delivery and Labor Room										3,316,338	
40.00	Anesthesiology										422,268	
41.00	Radiology-Diagnostic										2,226,203	
42.00	Radiology-Therapeutic										834,020	
43.00	Radioisotope										725,470	
44.00	Laboratory										3,407,796	
47.00	Blood Storing and Processing										869,082	
49.00 50.00	Respiratory Therapy										1,587,402 1,531,285	
55.00	Physical Therapy Medical Supplies Charged to Patients										1,113,060	
56.00	Drugs Charged to Patients										3,442,138	
57.00	Renal Dialysis										323,240	
59.00	Tional Biaryon										020,210	
59.01	CT Scan										2,094,897	
59.02	Special Procedures										668,923	
59.03	Cardiac Diagnostic Center										2,136,537	
59.04											0	
59.05											0	
59.06											0	
59.07											0	
59.08											0	
59.09 59.10											0	
59.10											0	
59.12											0	
59.13											Ö	
59.14											0	
60.00	Clinic										0	
60.01	CFL Clinic										1,601,432	
60.04	Wound Care Clinic										984,832	
60.05	Heart Lab										220,836	
60.06	San Carlos Clinic										75	
61.00	Emergency										2,340,661	
71.00	Home Health Agency										2,367,902	
72.00 73.00											0	
74.00											0	
74.00	NONREIMBURSABLE COST CENTERS										· ·	
96.00	Gift, Flower, Coffee Shop & Canteer										115,051	
99.00	Nonpaid Workers										0	
99.01	Off Site Respiratory										13	
99.02	Physicians Office Bldgs										1,041,278	
99.03	Other Nonrembursable Services										0	
99.05	Marketing										1,172	
100.00 100.01	Physician Consison										372,148 79	
100.01	Physician Services Seniro Initiative										1,338	
100.02	Foundation										182,498	
100.03	Parish Nursing Program										102,498	
100.09	Community Health Services										256,628	
100.10	,										0	
100.11											0	
	TOTAL	-	^	^	^	^	_	^	^	^	75 000 07:	•
	TOTAL COST TO BE ALLOCATED	0 10,124,122	0 916,188	0 567,936	0 1,992,279	0 933,421	0 962,932	0 2,067,383	0	0	75,606,074 10,440,471	0 3,301,085
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.138090	0.000000

STATE OF CALIFORNIA STATISTICS FOR COST ALLOCATION (W/S/ B-1) Fiscal Period Ended: JUNE 30, 2001 SCHEDULE 9.2

DIETARY

(MEALS

SERVED)

11.00

(Adj)

(Adj)

12.00

(Adj)

(Adj)

CAFETERIA MAINT OF NURSING CENT SERV PHARMACY MED REC

& SUPPLY

16.00

(Adj)

(Adj)

(COSTS

REQUIS)

17.00

(Adj)

(Adj)

ADMIN

(# HOUSED) (NURSE HR) (CST REQ)

15.00

(Adj)

(Adj)

PERSONNEL

14.00

(Adj)

(Adj)

SOC SERV

(TIME SPENT)

19.00

(Adj)

(Adj)

(TIME

SPENT)

18.00

(Adj)

(Adj)

STAT

19.01

(Adj)

(Adj)

OPER

PLANT

(SQ FT)

8.00

(Adj)

LAUNDRY

& LINEN

9.00

(Adj)

(Adj) (Adj)

(LB LNDRY) (HR SERV)

HOUSE-

KEEPING

10.00

(Adj)

(Adj)

Provider Name:

O'CONNOR HOSPITAL

O CONNOR	HUSFITAL
	GENERAL SERVICE COST CENTERS
1.00	Old Cap Rel Costs-Bldg & Fixtures
1.01	Old Cap Rel Costs- 53/69
1.02	Old Cap Rel Costs-Depau
1.03	Old Cap Rel Costs-Parking
1.06	Old Cap Rel Cost - Laundry
2.00	Old Cap Rel Costs- Mvble Equip
3.00	New Cap Rel Costs-Bldg & Fixtures
3.01	New Cap Rel Costs- 53/69
3.02	New Cap Rel Costs-Depaul
3.03 3.06	New Cap Rel Costs-Parking New Cap Rel Cost - Laundry
4.00	New Cap Rel Costs-Myble Equip
5.00	Employee Benefits
5.01	Human Resources
6.01	Communications
6.02	Data Processing
6.03	Purchasing/Receiving
6.04	Admitting
6.05	Patient Services
0.00	A.L
6.06 7.00	Administrative and Genera Maintenance and Repairs
8.00	Operation of Plant
9.00	Laundry and Linen Service
10.00	Housekeeping
11.00	Dietary
12.00	Cafeteria
14.00	Nursing Administration
15.00	Central Services & Supplies
16.00	Pharmacy
17.00	Medical Records and Medical Library
18.00	Social Service
19.00	
19.01	
19.02 19.03	
20.00	Nonphysician Anesthetists
21.00	Nursing School
22.00	Intern & Res Service-Salary & Fringes
23.00	Intern & Res Other Program
24.00	Paramedical Ed Program
	INPATIENT ROUTINE COST CENTERS
25.00	Adults & Pediatrics (Gen Routine
26.00	Intensive Care Unit
27.00	Coronary Care Unit
28.00	Neonatal Intensive Care Unit
29.00	Surgical Intensive Care
30.00	Subprovider II
31.00 32.00	Subprovider II
33.00	Nursery
34.00	Medicare Certified Nursing Facility
35.00	Distinct Part Nursing Facility
36.00	
36.01	Subacute Care Unit
26.02	Transitional Care Unit

36.02 Transitional Care Unit

Provider N	ame:																								
O'CONNO	R HOSPITAL	OPE	R	LAUNE	DRY	HOUS	SE-	DIETA	RY	CAFET	ERIA	MAINT	OF	NURSI	NG	CENT SER	V	PHARMA	ACY	MED R	EC	SOC SE	:RV	STAT	Г
		PLAN (SQ F 8.00	T)	& LIN (LB LNE 9.00	DRY)	KEEPI (HR SE 10.0	ERV)	(MEA SERV 11.0	ED)	12.0	0	PERSON (# HOU: 14.0	SED)	ADMI (NURSE 15.00	HR)	& SUPPLY (CST REC 16.00		(COST REQUI 17.00	S)	(TIMI SPEN 18.00	Γ)	(TIM SPEN 19.00	T)	19.01	ı
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj		(Adj)	(Adj	1	(Adj)	(Adj)
37.00 39.00 40.00 41.00 42.00	ANCILLARY COST CENTERS Operating Room Delivery and Labor Room Anesthesiology Radiology-Diagnostic Radiology-Therapeutic	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj		(Adj)	(Adj)	(Adj)	(Adj)
43.00 44.00 47.00 49.00 50.00 55.00 56.00	Radioisotope Laboratory Blood Storing and Processing Respiratory Therapy Physical Therapy Medical Supplies Charged to Patients Drugs Charged to Patients																								

59.01 CT Scan

59.02 Special Procedures

Renal Dialysis

Cardiac Diagnostic Center 59.03

59.04 59.05

57.00

59.00

59.06 59.07

59.08 59.09

59.10 59.11

59.12 59.13

59.14

60.00 Clinic 60.01 CFL Clinic

60.04

60.05 Heart Lab

60.06 San Carlos Clinic

61.00 Emergency

71.00

Home Health Agency 72.00

Wound Care Clinic

73.00 74.00

NONREIMBURSABLE COST CENTERS

96.00 Gift, Flower, Coffee Shop & Canteer

99.00 Nonpaid Workers

99.01 Off Site Respiratory

99.02 Physicians Office Bldgs

99.03 Other Nonrembursable Services

99.05 Marketing

100.00

100.01 Physician Services

100.02 Seniro Initiative

100.03 Foundation

100.04 Parish Nursing Program

100.09 Community Health Services 100.10

100.11

TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
COST TO BE ALLOCATED	2,031,778	766,784	2,180,240	509,491	1,474,288	1,750,532	846,778	1,218,416	2,037,800	238,799	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

NONPHY

NURSE

I&R-SAL

I&R-PRG

PARAMED

Provider Name:

O'CONNOR HOSPITAL

		• • • • • • • • • • • • • • • • • • • •							
		10.00		10.00	ANESTH (ASG TIME)		& FRINGES (ASG TIME)	COST (ASG TIME)	(ASG TIME)
))	19.03 (Adj) (Adj)	20.00 (Adj) (Adj)	21.00 (Adj) (Adj)	22.00 (Adj) (Adj)	23.00 (Adj) (Adj)	24.00 (Adj) (Adj)
	GENERAL SERVICE COST CENTERS	(,,,,,	,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(7.0)	(710)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.00	Old Cap Rel Costs-Bldg & Fixtures								
1.01	Old Cap Rel Costs- 53/69								
1.02	Old Cap Rel Costs-Depau								
1.03	Old Cap Rel Costs-Parking								
1.06	Old Cap Rel Cost - Laundry								
2.00	Old Cap Rel Costs- Myble Equip								
3.00	New Cap Rel Costs-Bldg & Fixtures								
3.01	New Cap Rel Costs- 53/69								
3.02	New Cap Rel Costs-Depaul								
3.03	New Cap Rel Costs-Depad								
3.06	New Cap Rel Cost - Laundry								
4.00	New Cap Rel Costs-Myble Equip								
5.00	Employee Benefits								
5.01	Human Resources								
6.01	Communications								
6.02	Data Processing								
6.03	Purchasing/Receiving								
6.04	Admitting								
6.05	Patient Services								
0.00	, and in Solvings								
6.06	Administrative and Genera								
7.00	Maintenance and Repairs								
8.00	Operation of Plant								
9.00	Laundry and Linen Service								
10.00	Housekeeping								
11.00	Dietary								
12.00	Cafeteria								
14.00	Nursing Administration								
15.00	Central Services & Supplies								
16.00	Pharmacy								
17.00	Medical Records and Medical Library								
18.00	Social Service								
19.00									
19.01									
19.02									
19.03									
20.00	Nonphysician Anesthetists								
21.00	Nursing School								
22.00	Intern & Res Service-Salary & Fringes								
23.00	Intern & Res Other Program								
24.00	Paramedical Ed Program								
05.00	INPATIENT ROUTINE COST CENTERS								
25.00	Adults & Pediatrics (Gen Routine								
26.00	Intensive Care Unit								
27.00	Coronary Care Unit								
28.00	Neonatal Intensive Care Unit								
29.00	Surgical Intensive Care								
30.00	Subprovider I								
31.00	Subprovider II								
32.00	N								
33.00	Nursery								
34.00	Medicare Certified Nursing Facility								
35.00	Distinct Part Nursing Facility								
36.00	0.1 0 11.7								
36.01	Subacute Care Unit								
36.02	Transitional Care Unit								

STAT

STAT

STATE OF	CALIFORNIA	STATISTICS F	OR COST ALI	LOCATION (W/S	S B-1)	Fiscal Period E	inded: JUNE 3	30, 2001
Provider N	lame:							
O'CONNO	R HOSPITAL	STAT 19.02 (Adj)	STAT 19.03 (Adj)	NONPHY ANESTH (ASG TIME) 20.00 (Adj)	NURSE SCHOOL (ASG TIME) 21.00 (Adj)	I&R-SAL & FRINGES (ASG TIME) 22.00 (Adj)	I&R-PRG COST (ASG TIME) 23.00 (Adj)	PARAMED EDUCAT (ASG TIME) 24.00 (Adj)
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	ANCILLARY COST CENTERS							
37.00	Operating Room							
39.00	Delivery and Labor Room							
40.00 41.00	Anesthesiology Radiology-Diagnostic							
42.00	Radiology-Diagnostic							
43.00	Radioisotope							
44.00	Laboratory							
47.00	Blood Storing and Processing							
49.00	Respiratory Therapy							
50.00	Physical Therapy							
55.00	Medical Supplies Charged to Patients							
56.00	Drugs Charged to Patients							
57.00	Renal Dialysis							
59.00								
59.01	CT Scan							
59.02	Special Procedures							
59.03	Cardiac Diagnostic Center							
59.04 59.05								
59.06								
59.07								
59.08								
59.09								
59.10								
59.11								
59.12								
59.13								
59.14	ou.							
60.00	Clinic							
60.01 60.04	CFL Clinic Wound Care Clinic							
60.04	Heart Lab							
60.06	San Carlos Clinic							
61.00	Emergency							
71.00	Home Health Agency							
72.00	-							
73.00								
74.00								
	NONREIMBURSABLE COST CENTERS							
96.00	Gift, Flower, Coffee Shop & Canteer							
99.00	Nonpaid Workers							
99.01	Off Site Respiratory							
99.02 99.03	Physicians Office Bldgs Other Nonrembursable Services							
99.05	Marketing							
100.00								
100.01	Physician Services							
100.02	Seniro Initiative							
100.03	Foundation							
100.04	Parish Nursing Program							
100.09	Community Health Services							
100.10								
100 11								

TOTAL	0	0	0	0	0	0	0
COST TO BE ALLOCATED	0	0	0	0	0	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

100.11

Provider Name: O'CONNOR HOSPITAL

1.00 Old Cap Rel Costs: 53/69				REPORTED	ADJUSTMENTS (From Sch 10A)		AUDITED
1.10 Old Cap Rel Costs- 53/89 0 0 0 0 0 0 0 0 0	4.00	GENERAL SERVICE COST CENTERS		0.070.004	1 0	_	0.070.004
1.02 Old Cap Rel Costs-Depaul 0 0 0 0 0 0 0 0 0			Ş	3,373,324		Ş	
1.03 Old Cap Rel Costs-Parking 0 0 0 0 0 0 0 0 0							
1.06 Old Cap Rel Costs - Laundry 0 0 0 0 0 0 0 0 0							
2.00 Old Cap Rel Costs- Muble Equip 173,923 0 173,923 3.00 New Cap Rel Costs-Bidg & Fixtures 2.218,138 0 2.218,138 3.01 New Cap Rel Costs- 53/69 0 0 0 3.098 3.098 0 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.098 3.0							
3.00 New Cap Rel Costs-Bidg & Fixtures 2,218,138 0 2,218,138 3.01 New Cap Rel Costs-Depaul 3.098 0 0.00 3.02 New Cap Rel Costs-Depaul 3.098 0 3.098 3.03 New Cap Rel Costs-Parking 5.958 0 5.958 3.06 New Cap Rel Costs-Mind 5.958 0 5.958 3.06 New Cap Rel Costs-Mulpid 5.958 0 5.958 3.06 New Cap Rel Costs-Mulpid 5.958 0 5.958 3.06 New Cap Rel Costs-Mulpid 5.958 0 5.958 0 5.958 3.06 New Cap Rel Costs-Mulpid 5.958 0 5.00 Employee Benefits 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00				172 022			
3.01 New Cap Rel Costs- 53/69 0 0 3.098 3.02 New Cap Rel Costs-Depail 3.098 0 5.958 3.03 New Cap Rel Costs-Parking 5.958 0 5.958 3.06 New Cap Rel Costs-Parking 5.958 0 5.958 3.06 New Cap Rel Costs-Whole Equip 3.608.168 0 3.608.168 5.00 Employee Benefits 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,122 0 10,124,123 0 1933,421 0 1933,421 0 1933,421 0 1933,421 0 1933,421 0 1933,421 0 1933,421 0 1933,421 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024,132 0 10,024							
3.02 New Cap Rel Costs-Depaul 3.098 0 3.098 3.03 New Cap Rel Costs-Parking 5.558 0 5.558 3.08 New Cap Rel Cost - Laundry 0 0 0 0 0 0 0 0 0				2,218,138			
3.03 New Cap Rel Costs-Parking 5.958 0 5.958 3.06 New Cap Rel Cost - Laundry 0 0 0 0 0 0 0 0 0				2.000			
3.06 New Cap Rel Cost - Laundry 0							
4.00 New Cap Rel Costs-Mvble Equip 3,608,168 0 3,608,168 5.00 Employee Benefits 10,124,122 0 10,124,122 5.01 Human Resources 916,188 0 916,188 6.01 Communications 567,936 0 567,936 0 567,936 0 567,936 6.02 Data Processing 1,992,279 0 1,992,279 6.03 Purchasing/Receiving 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,421 0 933,				5,956			
5.00 Employee Benefits				2 600 160			-
5.01 Human Resources							
6.01 Communications 567,936 0 567,936 6.02 Data Processing 1,992,279 0 1,992,279 6.03 Purchasing/Receiving 933,421 0 933,421 6.04 Admitting 962,932 0 962,932 6.05 Patient Services 2,067,383 0 2,067,383 0 0 0 0 6.06 Administrative and General 10,440,471 0 10,440,471 7.00 Maintenance and Repairs 2,900,547 0 2,900,547 8.00 Operation of Plant 1,785,252 0 1,788,252 9.00 Laundry and Linen Service 673,746 0 673,746 10.00 Housekeeping 1,915,700 0 1,915,700 11.00 Dietary 447,672 0 447,672 12.00 Cafeteria 1,295,405 0 1,295,405 14.00 Nursing Administration 1,538,131 0 1,538,131 15.00 Central Services & Supplies 744,034 0 744,034 16.00 Pharmacy 1,070,579 0 1,070,579							
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21.00 Nursing School 0 0 22.00 Intern & Res Service-Salary & Fringes 0 0 23.00 Intern & Res Other Program 0 0 24.00 Paramedical Ed Program 0 0 INPATIENT ROUTINE COST CENTERS 25.00 Adults & Pediatrics (Gen Routine) 11,134,975 0 11,134,975 26.00 Intensive Care Unit 2,859,360 0 2,859,360 27.00 Coronary Care Unit 0 0 28.00 Neonatal Intensive Care Unit 0 0 29.00 Surgical Intensive Care Unit 0 0 30.00 Subprovider I 0 0 32.00 0 0 0 32.00 0 0 0 34.00 Medicare Certified Nursing Facility 1,523,026 0 1,523,026 34.00 Distinct Part Nursing Facility 0 0 0 36.00 0 0 0 0 36.01 Subacute Care Unit 0 0 0		Nonnhysician Anesthetists					
22.00 Intern & Res Service-Salary & Fringes 0 0 23.00 Intern & Res Other Program 0 0 24.00 Paramedical Ed Program 0 0 INPATIENT ROUTINE COST CENTERS 25.00 Adults & Pediatrics (Gen Routine) 11,134,975 0 11,134,975 26.00 Intensive Care Unit 2,859,360 0 2,859,360 27.00 Coronary Care Unit 0 0 28.00 Neonatal Intensive Care Unit 0 0 29.00 Surgical Intensive Care 0 0 30.00 Subprovider I 0 0 31.00 Subprovider II 0 0 32.00 0 0 0 33.00 Nursery 1,523,026 0 1,523,026 34.00 Medicare Certified Nursing Facility 1,323,827 0 1,323,827 35.00 Distinct Part Nursing Facility 0 0 0 36.00 0 0 0 0							
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27.00 Coronary Care Unit 0 0 28.00 Neonatal Intensive Care Unit 0 0 29.00 Surgical Intensive Care 0 0 30.00 Subprovider I 0 0 31.00 Subprovider II 0 0 32.00 0 0 0 33.00 Nursery 1,523,026 0 1,523,026 34.00 Medicare Certified Nursing Facility 1,323,827 0 1,323,827 35.00 Distinct Part Nursing Facility 0 0 0 36.00 0 0 0 36.01 Subacute Care Unit 0 0		i					
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34.00 Medicare Certified Nursing Facility 1,323,827 0 1,323,827 35.00 Distinct Part Nursing Facility 0 0 36.00 0 0 0 36.01 Subacute Care Unit 0 0		Nursery		1,523.026			
35.00 Distinct Part Nursing Facility 0 0 36.00 36.01 Subacute Care Unit 0 0							
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36.01 Subacute Care Unit 0 0							
		Subacute Care Unit					
					0		0

Provider Name: O'CONNOR HOSPITAL Fiscal Period Ended: **JUNE 30, 2001**

			REPORTED	ADJUSTMENTS		AUDITED
1				(From Sch 10A)		
	ANCILLARY COST CENTERS					
	Operating Room	\$	10,208,727	\$ 0	\$	10,208,727
	Delivery and Labor Room		3,316,338	0		3,316,338
	Anesthesiology		422,268	0		422,268
	Radiology-Diagnostic		2,226,203	0		2,226,203
	Radiology-Therapeutic		834,020	0		834,020
	Radioisotope		725,470	0		725,470
	Laboratory		3,407,796	0		3,407,796
	Blood Storing and Processing		869,082	0		869,082
	Respiratory Therapy		1,587,402	0		1,587,402
	Physical Therapy		1,531,285	0		1,531,285
	Medical Supplies Charged to Patients		1,113,060	0		1,113,060
	Drugs Charged to Patients		3,442,138	0		3,442,138
	Renal Dialysis		323,240	0		323,240
59.00				0		0
	CT Scan		2,094,897	0		2,094,897
	Special Procedures		668,923	0		668,923
	Cardiac Diagnostic Center		2,136,537	0		2,136,537
59.04		_		0		0
59.05		_		0		0
59.06		-		0		0
59.07		_		0		0
59.08		-		0		0
59.09				0		0
59.10				0		0
59.11				0		0
59.12		-		0		0
59.13				0		0
59.14 60.00	Clinia	+		0		0
	CFL Clinic	+	1,601,432	0		1,601,432
	Wound Care Clinic		984,832	0		984,832
	Heart Lab		220,836	0		220,836
	San Carlos Clinic		75	0		75
	Emergency	-	2,340,661	0		2,340,661
	Home Health Agency		2,367,902	0		2,367,902
72.00	Trome ricaliti Agency	+	2,007,002	0		0
73.00				0		0
74.00				0		0
7 4.00	SUBTOTAL	\$	111,023,086	\$ 0	\$	111,023,086
	NONREIMBURSABLE COST CENTERS		7.1.7020,000	. 0	_	111,020,000
96.00	Gift, Flower, Coffee Shop & Canteen		115,051	0		115,051
	Nonpaid Workers		. 10,001	0		n
	Off Site Respiratory		13	0		13
	Physicians Office Bldgs		1,041,278	0		1,041,278
	Other Nonrembursable Services		.,0,2,0	0		0
	Marketing		1,172	0		1,172
100.00			372,148	0		372,148
	Physician Services		79	0		79
	Seniro Initiative		1,338	0		1,338
	Foundation		182,498	0		182,498
	Parish Nursing Program		124	0		124
	Community Health Services		256,628	0		256,628
100.10	,		,0	0		0
100.11				0		0
	SUBTOTAL	\$	1,970,329	\$ 0	\$	1,970,329
103	TOTAL	\$	112,993,415	\$ 0	\$	112,993,415
			, ,			Schedule 8)

\$ 112,993,415 (To Schedule 8)

Provider Name: Fiscal Period Ended: JUNE 30, 2001

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ											
GENERAL SERVICE COST CENTER													
1.00 Old Cap Rel Costs-Bldg & Fixtures	\$0												
1.01 Old Cap Rel Costs- 53/69	0												
1.02 Old Cap Rel Costs-Depaul	0												
1.03 Old Cap Rel Costs-Parking	0												
1.06 Old Cap Rel Cost - Laundry	0												
2.00 Old Cap Rel Costs- Mvble Equip	0												
3.00 New Cap Rel Costs-Bldg & Fixtures	0												
3.01 New Cap Rel Costs- 53/69	0												
3.02 New Cap Rel Costs-Depaul	0												
3.03 New Cap Rel Costs-Parking	0												
3.06 New Cap Rel Cost - Laundry	0												
4.00 New Cap Rel Costs-Mvble Equip	0												
5.00 Employee Benefits	0												
5.01 Human Resources	0												
6.01 Communications	0												
6.02 Data Processing	0												
6.03 Purchasing/Receiving	0												
6.04 Admitting	0												
6.05 Patient Services	0												
	0												
	0												
6.06 Administrative and General	0												
7.00 Maintenance and Repairs	0												
8.00 Operation of Plant	0												
9.00 Laundry and Linen Service	0												
10.00 Housekeeping	0												
11.00 Dietary	0												
12.00 Cafeteria	0												
14.00 Nursing Administration	0												
15.00 Central Services & Supplies	0												
16.00 Pharmacy	0												
17.00 Medical Records and Medical Library	0												
18.00 Social Service	0												
19.00	0												
19.01	0												
19.02	0												
19.03	0												
20.00 Nonphysician Anesthetists	0												
21.00 Nursing School	0												
22.00 Intern & Res Service-Salary & Fringes													
23.00 Intern & Res Other Program	0												
24.00 Paramedical Ed Program	0												
INPATIENT ROUTINE COST CENTERS													
25.00 Adults & Pediatrics (Gen Routine)	0												
26.00 Intensive Care Unit	0												
27.00 Coronary Care Unit	0												
28.00 Neonatal Intensive Care Unit	0												
29.00 Surgical Intensive Care	0												
30.00 Subprovider I	0												
31.00 Subprovider II	0												
32.00	0												
33.00 Nursery	0												
34.00 Medicare Certified Nursing Facility	0												
35.00 Distinct Part Nursing Facility	0												
36.00	0												
36.01 Subacute Care Unit	0												
36.02 Transitional Care Unit	0												

Provider Name: Fiscal Period Ended: JUNE 30, 2001

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ											
ANCILLARY COST CENTERS													
37.00 Operating Room	0												
39.00 Delivery and Labor Room	0												
40.00 Anesthesiology	0												
41.00 Radiology-Diagnostic	0												
42.00 Radiology-Therapeutic	0												
43.00 Radioisotope	0												
44.00 Laboratory	0												
47.00 Blood Storing and Processing	0												
49.00 Respiratory Therapy	0												
50.00 Physical Therapy	0												
55.00 Medical Supplies Charged to Patients	0												
56.00 Drugs Charged to Patients	0												
57.00 Renal Dialysis	0												
59.00	0												
59.01 CT Scan	0												
59.02 Special Procedures	0												
59.03 Cardiac Diagnostic Center	0												
59.04	0												
59.05	0												
59.06	0												
59.07	0												
59.08	0												
59.09	0												
59.10	0												
59.11	0												
59.12	0												
59.13	0												
59.14	0												
60.00 Clinic	0												
60.01 CFL Clinic	0												
60.04 Wound Care Clinic	0												
60.05 Heart Lab	0												
60.06 San Carlos Clinic	0												
61.00 Emergency	0												
71.00 Home Health Agency	0												
72.00	0												
73.00	0												
74.00	0												
NONREIMBURSABLE COST CENTERS													
96.00 Gift, Flower, Coffee Shop & Canteen	0												
99.00 Nonpaid Workers	0												
99.01 Off Site Respiratory	0												
99.02 Physicians Office Bldgs	0												
99.03 Other Nonrembursable Services	0												
99.05 Marketing	0												
100.00	0												
100.01 Physician Services	0												
100.02 Seniro Initiative	0												
100.03 Foundation	0												
100.04 Parish Nursing Program	0												
100.09 Community Health Services	0												
100.10	0												
100.11	0												
101.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0	0

JUNE 30, 2001

Provider Name:

	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
GENERAL SERVICE COST CENTER													
1.00 Old Cap Rel Costs-Bldg & Fixtures													
1.01 Old Cap Rel Costs- 53/69													
1.02 Old Cap Rel Costs-Depaul													
1.03 Old Cap Rel Costs-Parking													
1.06 Old Cap Rel Cost - Laundry													
2.00 Old Cap Rel Costs- Mvble Equip													
3.00 New Cap Rel Costs-Bldg & Fixtures													
3.01 New Cap Rel Costs- 53/69													
3.02 New Cap Rel Costs-Depaul													
3.03 New Cap Rel Costs-Parking													
3.06 New Cap Rel Cost - Laundry													
4.00 New Cap Rel Costs-Mvble Equip													
5.00 Employee Benefits													
5.01 Human Resources													
6.01 Communications							· ———		·				
6.02 Data Processing													
6.03 Purchasing/Receiving 6.04 Admitting													
6.05 Patient Services													
0.00 Tatient Services													
6.06 Administrative and General													
7.00 Maintenance and Repairs													
8.00 Operation of Plant													
9.00 Laundry and Linen Service													
10.00 Housekeeping													
11.00 Dietary													
12.00 Cafeteria													
14.00 Nursing Administration													
15.00 Central Services & Supplies													
16.00 Pharmacy													
17.00 Medical Records and Medical Library													
18.00 Social Service													
19.00													
19.01													
19.02													
19.03													
20.00 Nonphysician Anesthetists													
21.00 Nursing School 22.00 Intern & Res Service-Salary & Fringes													
23.00 Intern & Res Other Program													
24.00 Paramedical Ed Program													
INPATIENT ROUTINE COST CENTERS													
25.00 Adults & Pediatrics (Gen Routine)													
26.00 Intensive Care Unit													
27.00 Coronary Care Unit													
28.00 Neonatal Intensive Care Unit													
29.00 Surgical Intensive Care													
30.00 Subprovider I													
31.00 Subprovider II													
32.00													
33.00 Nursery													
34.00 Medicare Certified Nursing Facility													
35.00 Distinct Part Nursing Facility													
36.00													
36.01 Subacute Care Unit													
36.02 Transitional Care Unit													

Provider Name: JUNE 30, 2001

		AUDIT ADJ												
A	ANCILLARY COST CENTERS													
37.00 C	Operating Room													
39.00 E	Delivery and Labor Room													
	Anesthesiology													
	Radiology-Diagnostic													
	Radiology-Therapeutic													
	Radioisotope													
	aboratory													
	Blood Storing and Processing Respiratory Therapy													
	Physical Therapy													
	Medical Supplies Charged to Patients													
	Orugs Charged to Patients													
	Renal Dialysis													
59.00	•													
59.01 C	CT Scan													
59.02 8	Special Procedures													
59.03 C	Cardiac Diagnostic Center													
59.04														
59.05														
59.06														
59.07														
59.08														
59.09														
59.10														
59.11														
59.12 59.13														
59.14														
60.00	Clinic													
	CFL Clinic													
	Vound Care Clinic													
60.05 ⊦	Heart Lab													
60.06 S	San Carlos Clinic													
61.00 E	mergency													
71.00 H	Home Health Agency													
72.00														
73.00														
74.00														
	NONREIMBURSABLE COST CENTERS													
	Gift, Flower, Coffee Shop & Canteen													
	Nonpaid Workers Off Site Respiratory													
	Physicians Office Bldgs													
	Other Nonrembursable Services													
	Marketing													
100.00	g													
	Physician Services													
	Seniro Initiative													
100.03 F														
	Parish Nursing Program													
100.09	Community Health Services													
100.10														
100.11														
101.00 T	OTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

Prov	ider Name						Fiscal Period	Provider Nu	ımber	Adjustments
		Report Refe	erences							
			COST RE	EPOR	Т					
Adj.	Audit	Work						As	Increase	As
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted

Prov	ider Name						Fiscal Period	Provider Nu	ımber	Adjustments
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Adj.	Audit	Work						As	Increase	As
No.	Report	Sheet	Part T	itle	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted

Provi	ider Name						Fiscal Period	Provider N	umber	Adjustments
		Report Ref	erences							
			COST REI	POR	Τ	I				_
Adj.	Audit	Work						As	Increase	As
No.	Report	Sheet	Part T	itle	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
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